



CITY OF SUGAR LAND
APPLICATION FOR EMPLOYMENT
P. O. Box 110
Sugar Land, TX 77487-0110
(PLEASE PRINT)

Office Use Only

STATEMENT	Affirmative Action/Equal Opportunity Employer					
	The City of Sugar Land does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or veteran status. The information on this application and all attached papers, etc. is the property of the City of Sugar Land and for its use only.					
APPLICANT	Position Number _____ Title _____ Date _____					
	Name _____					
	(Last)		(First)		(Middle)	
	Address _____					
	(Street)		(City)		(State) (Zip)	
	Telephone _____					
	(Home)		(Work)		(Cell)	
	E-mail address _____ On what date would you be available for work? _____					
	How did you learn about this position? _____ Desired Salary _____					
	Are you legally eligible to work in the United States? _____					
Have you ever been convicted of or plead guilty to a criminal offense, or received deferred adjudication, probation, or any program of supervision, restriction, or other alternative in lieu of a fine or imprisonment for any criminal offense (misdemeanor or felony) within the last seven (7) years? ____ Yes ____ No						
If yes, please explain _____						
EDUCATION	Did you graduate from high school? Yes _____ No _____ Last Grade Completed _____					
	Do you have a GED? Yes _____ No _____ Name and Location of School _____					
	List below all colleges, universities, vocational, trade or other schools attended.					
	Schools Attended Other Than High School	Location (City, State)	Course Major	Semester Hours	Degree	Date Received
LICENSES/ CERTIFICATIONS	List all licenses/certifications you hold: (DRIVER, POLICE, FIRE, etc.)					
	Type	Issuing Agency	License/Certification Number (if applicable)	Expiration Date		
REFERENCES	List names and addresses of three persons, other than relatives, who have knowledge of your character, experience, and ability:					
	Name		Address		Telephone #	
Do you have relatives working for the City of Sugar Land? If Yes, please list below:						
Name		Relationship		Department		

WORK EXPERIENCE

List below, beginning with your most recent job, all present and past employment. Report all activities for the last ten years. To be considered for employment, you must account for periods of unemployment, military service, schools, etc. Attach additional pages if necessary. A resume will not substitute for this application but may be attached.

1	From _____ To _____ Job Title _____
	Name and Address of Employer _____ Name of Supervisor _____ Telephone No. _____ Salary _____ Job Duties _____ Reason for Leaving: _____ May we Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	From _____ To _____ Job Title _____
	Name and Address of Employer _____ Name of Supervisor _____ Telephone No. _____ Salary _____ Job Duties _____ Reason for Leaving: _____
3	From _____ To _____ Job Title _____
	Name and Address of Employer _____ Name of Supervisor _____ Telephone No. _____ Salary _____ Job Duties _____ Reason for Leaving: _____ (Be specific)
ADDITIONAL INFORMATION AND NOTES	Is there anything in your background, training, education, professional experience, etc., that makes you feel qualified for the position for which you are applying? If so, please explain:
APPLICANT'S STATEMENT	I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of facts is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the City of Sugar Land.
	I understand and agree that all information furnished in this application may be verified by the City of Sugar Land. I also understand that any employment is subject to a satisfactory check of references and also that once a conditional offer of employment is received, that I will submit to a pre-employment substance abuse screen and any other applicable job related testing or screening that is required as a condition of employment. I further understand that I must satisfactorily pass a physical for required positions. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the City of Sugar Land all information relative to my employment, work habits and character and hereby release such individuals, organizations, and the City of Sugar Land from any liability for any claim or damage which may result. In addition, I also understand that all municipal employees, in the course and scope of their employment, will be considered essential during emergency situations that may threaten the lives of the City of Sugar Land citizens. Signature _____ Date _____



VOLUNTARY EEO IDENTIFICATION FORM

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The City of Sugar Land believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

NAME: _____ **TODAY'S DATE:** _____

POSITION APPLIED FOR: _____

SOCIAL SEC. #: _____ **DATE OF BIRTH:** _____ **SEX:** ☐ **MALE** ☐ **FEMALE**

RACE/ETHNIC DATA: Race/Ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this information-gathering tool, employees should select the group(s) to which they identify with.

- ☐ **WHITE** (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **BLACK** (not of Hispanic origin) – A person having origins in any of the Black racial groups of Africa.
- ☐ **HISPANIC** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **ASIAN** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **NATIVE HAWAIIAN OR PACIFIC ISLANDER** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **AMERICAN INDIAN OR ALASKAN NATIVE** – A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

DISABLED/VETERAN CLASSIFICATION(S): Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

- ☐ **DISABLED INDIVIDUAL:** Federal regulations define a disabled person as one who (1) has a physical or mental impairment that substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such impairment.
- ☐ **VIETNAM ERA VETERAN:** Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.
- ☐ **SPECIAL DISABLED VETERAN:** Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.